

# **MPM (CF-50)**

## **Training and Development Application**

PURPOSES AND USES: To obtain information for the enrollment of Military Personnel Management personnel requesting resident training within the guidelines of the MPM (CF-50) ACTEDS Plan. All training will be in a TDY status and funded by applicant's activity. Refer to the plan for course information. Send completed form or request for information to: Commandant, AG School, ATTN: ATSG-AGP-P (CF-50), Fort Jackson, SC 29207-7040.

### **APPLICANT**

1. NAME (Last, First, MI)	2. Social Security No.	3. PP/Series/Grade
4. Duty Position	5. Length of Service (Years, Months)	6. Last Promotion (Year, Month)
8. Home Address (Street, City, State, ZIP)	9. Organization Name/Office Address	
		10. MACOM
11. Phone Numbers:	a. HOME (with area code)	b. OFFICE (COM & DSN)
		c. OFFICE FAX
12 a. <b>I REQUEST ENROLLMENT ( ) or DEVELOPMENT ( )</b> Course Title OR Location: Subcourse(s) or Task(s) OR TDY: Date(s):		b. Purpose/Reason:
13. APPLICANT SIGNATURE		14. DATE

### **FIRST LINE SUPERVISOR**

15. Supervisor: In the space below, provide your recommendation for this employee's participation in the training/development program indicated, AND post utilization upon completion of the training which will ensure a return on the training investment.

16. Supervisor's NAME/TITLE/GRADE	17. Signature	18. Office Phone	19. Date
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